



State of Rhode Island and Providence Plantations

## Department of State - Business Services Division

Annual Report for the year: **2018**

Corporation ,

STAMP

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

1. Entity ID Number <b>70189</b>		2. Exact name of the Corporation <b>Pension Consultants, Inc.</b>												
3. Principal Office Address <b>21 Agnes St.</b>			City <b>East Providence</b>	State <b>RI</b>	Zip <b>02914</b>									
4. NAICS Code <b>525110</b>		6. Brief description of the character of business conducted in Rhode Island <b>Retirement Plan Administration</b>												
5. State of Incorporation <b>RI</b>														
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>														
President Name <b>Sean P. Fecteau</b>			Vice-President Name <b>Patricia A. Adamonis</b>											
Street Address <b>57 Briarwood Dr.</b>			Street Address <b>11 Arrowhead Rd</b>											
City <b>Seekonk</b>	State <b>MA</b>	Zip <b>02771</b>	City <b>Seekonk</b>	State <b>MA</b>	Zip <b>02771</b>									
Secretary Name <b>Patricia A. Fecteau</b>			Treasurer Name <b>Patricia A. Adamonis</b>											
Street Address <b>57 Briarwood Dr.</b>			Street Address <b>11 Arrowhead Rd</b>											
City <b>Seekonk</b>	State <b>MA</b>	Zip <b>02771</b>	City <b>Seekonk</b>	State <b>MA</b>	Zip <b>02771</b>									
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>														
Director Name <b>Sean P. Fecteau</b>			Director Name <b>Patricia A. Adamonis</b>											
Street Address <b>57 Briarwood Dr.</b>			Street Address <b>11 Arrowhead Rd</b>											
City <b>Seekonk</b>	State <b>MA</b>	Zip <b>02771</b>	City <b>Seekonk</b>	State <b>MA</b>	Zip <b>02771</b>									
Director Name <b>Patricia A. Fecteau</b>			Director Name											
Street Address <b>57 Briarwood Dr.</b>			Street Address											
City <b>Seekonk</b>	State <b>MA</b>	Zip <b>02771</b>	City	State	Zip									
9. Shares Authorized			10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>											
This information is currently of record in the Department of State.			<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td><b>200</b></td> <td><b>COMMON</b></td> <td><b>NONE</b></td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	<b>200</b>	<b>COMMON</b>	<b>NONE</b>			
NUMBER OF SHARES	CLASS/SERIES	PAR VALUE												
<b>200</b>	<b>COMMON</b>	<b>NONE</b>												
Changes require an additional filing.														
11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.														
<b>Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.</b>														
Name of Authorized Representative <b>Sean P. Fecteau</b>				Date <b>03/15/2018</b>										
Signature of Authorized Representative <i>Sean P. Fecteau</i>				SIGN DOCUMENT HERE										

## MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos.ri.gov

FILED

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BY

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FORM 630 - Revised: 10/2017